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TO	COMPANY NAME	FAX NO.	PHONE NO.
Examiner Naresh Vig Art Unit 3629	U.S. Patent and Trademark Office Mail Stop Amendment	571-273-8300	571-272-6810

TOTAL NO. OF PAGES 43

FROM Ian G. DiBernardo

SENDER'S FAX NO. 212-806-6006

SENDER'S PHONE NO. 212-806-5867

RE: U.S. Patent App. No.: 10/678,871
Applicants: Wasserman, J.
Filed: October 3, 2003RECEIVED
OICE/IAP
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CLIENT/MATTER NO. 672988/0003

MESSAGE

Enclosed please find:

1. Certificate of Transmission (1 pg.)
2. Amendment (14 pgs).
3. Petition for Extension of Time Under 37 CFR 1.136(a) (1 pg.) (in duplicate)
4. Fee Transmittal (1 pg.) (in duplicate)
5. Information Disclosure Statement, including Form PTO 1449 and Int'l Search Report and Written Opinion and cited reference (23 pgs.).

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Docket No.
672988/0003
IGD/JMM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jack Wasserman

Group Art Unit: 3629

Application No.: 10/678,871

Examiner: Examiner Naresh Vig

Filed: October 3, 2003

For: **METHOD AND SYSTEM FOR OBTAINING AND FINANCING
EXCLUSIVE REAL ESTATE LISTINGS**

Date: October 3, 2005

CERTIFICATE OF TRANSMISSION
BY FACSIMILE (37 C.F.R. § 1.8)

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

I hereby certify that the following correspondence:

Amendment (14 pgs.); Petition for Extension of Time Under 37 CFR 1.136(a) FY 2005 (1 pg. (in duplicate); Fee Transmittal (1 pg.) (in duplicate); Information Disclosure Statement (3 pages), including Form PTO 1449 and copy of Int'l Search Report, Written Opinion and cited reference.

is being transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. § 1.8 on the following date: **October 3, 2005**

Ian G. DiBernardo

(Typed Or Printed Name Of Person Signing this Certificate)


(Signature)

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 10/678,871 Filing Date October 3, 2003 First Named Inventor Wasserman, Jack Examiner Name Vig, Naresh Art Unit 3629 Attorney Docket No. 672988/0003	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 225.00)			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 19-4709 Deposit Account Name: Stroock & Stroock & Lavan LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP = 5		x	25.00	=	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = 1		x	100	=	Fee (\$)		Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =		/ 50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other:							

SUBMITTED BY		
Signature	Registration No. 40,991	Telephone (212) 806-5400
Name (Print/Type) Ian G. DiBernardo	(Attorney/Agent)	Date October 3, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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